

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39415
State File No.

FILED DEC 6 1955

BIRTH NO. _____ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 4502 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Stoddard,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY Stoddard	
b. CITY OR TOWN Puxico,	c. LENGTH OF STAY (in this place) 88 Yrs	c. CITY OR TOWN Puxico, Mo.,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION in the home of Roy Harrison		e. STREET ADDRESS (If rural, give location) Puxico Mo., 1230	

3. NAME OF DECEASED (Type or Print)	a. (First) Samuel	b. (Middle) D	c. (Last) Harty	4. DATE OF DEATH (Month) (Day) (Year) 12 2 55
-------------------------------------	--------------------------	----------------------	------------------------	--

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 6 1866	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 11 Days 26	IF UNDER 24 HRS. Hours Min.
-----------------	---------------------------	---	------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Puxico Mo.,	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME John Harty	13b. MOTHER'S MAIDEN NAME Elizabeth Ramey	14. NAME OF HUSBAND OR WIFE Deceased,
--------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Mae Harty Puxico Mo.,	ADDRESS
--	-------------------------------------	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGESTIVE HEART FAILURE		INTERVAL BETWEEN ONSET AND DEATH 34 YEARS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROSIS DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4341	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from ~~12-1~~ **12-2**, 19**55**, to **12-2**, 19**55**, that I last saw the deceased alive on **12-1**, 19**55**, and that death occurred at **6 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. H. Skilling (Degree or title) DO.	23b. ADDRESS Puxico Mo.	23c. DATE SIGNED 12-3-55
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-4-55	24c. NAME OF CEMETERY OR CREMATORY Rook Hill	24d. LOCATION (City, town, or county) (State) Puxico Rural,
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. 12/5/55	REGISTRAR'S SIGNATURE Paul Rook 490	25. FUNERAL DIRECTOR'S SIGNATURE E.L. Watkins & Sons	ADDRESS Puxico Mo.,
---	--	---	----------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Marsh Watkins*.....

Licensed Embalmer No. *4717*

P. O. Address *Depler*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.